Case 20-11322-elf Doc 39 Filed 07/22/20 Entered 07/22/20 15:22:50 Desc Main Document Page 1 of 2

United Case (If known)	<u> </u>	ncil, Jr.									
Unite Case (If kno					_						
Case (If kno	tor 2				_						
(If kno	ed States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA		_						
Of	e number 20-11322			Cl	neck if this is:						
	own)				■ An amended filing						
								postpetition chap lowing date:	ter		
90	ficial Form 106I					MM / DD/ Y	YYY				
Ju	hedule I: Your Inc	ome							12/1		
spou attac Part	• • •	ır spouse is not filing wi	ith you, do not includ	de inforr	nation ab	out your spo	use. If mo	re space is need	ed,		
1.	Fill in your employment information.		Debtor 1			Debtor 2	Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed			☐ Emplo	☐ Employed				
			☐ Not employed			☐ Not employed					
	employers. Include part-time, seasonal, or self-employed work.	Occupation	Self Employed - Property Manager			_					
		Employer's name				_					
	Occupation may include student or homemaker, if it applies.	Employer's address									
		How long employed ti	here?								
Part	2: Give Details About Mor					_					
Estin spous	nate monthly income as of the dise unless you are separated. or your non-filing spouse have mospace, attach a separate sheet to	ate you file this form. If your than one employer, co	, 3		,	·	•				
					For I	Debtor 1	For Deb	tor 2 or g spouse			
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	N/A			
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A			
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$	N/A			

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Andri L Council, Jr.	_	Case	number (<i>if known</i>)	20-11	322		
				For	Debtor 1		Debtor 2		
	Cor	by line 4 here	4.	\$	0.00	s non-	filing sp	N/A	
			•	Ψ_	0.00				_
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c.	\$_	0.00	- \$		N/A	_
	5d. 5e.	Insurance	5d. 5e.	\$ \$	0.00	—		N/A N/A	_
	5f.	Domestic support obligations	5f.	\$_	0.00	- '		N/A	_
	5g.	Union dues	5g.	\$-	0.00			N/A	_
	5h.	Other deductions. Specify:	5h	+ \$	0.00			N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							-
		monthly net income.	8a.	\$	3,470.00	\$		N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	· · —		N/A	_
	8e.	Social Security	8e.	\$	0.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$		N/A	_
	8g.	Pension or retirement income	8g.	\$	0.00	\$		N/A	_
	8h.	Other monthly income. Specify:	8h.+	+ \$	0.00	+ \$		N/A	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,470.00	\$		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$. ;	3,470.00 + \$		N/A :	= \$	3,470.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							•
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not satisfy:	deper		•	•	chedule 11.		0.00
12.	Writ	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies							3,470.00
13	Do.	you expect an increase or decrease within the year after you file this form	?				I	monthl	y income
10.		No. Yes. Explain:	•						